2411 N. Charles St., Battimore 46 @

# CERTIFICATE OF DEATH

05874 Reg. Diat. No. 6

1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn Infants of residence of mother)
City or town & Reems Cross	State Maryland County Caroline
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long In hospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME John Coard	3. (b) Social Security Number
Male Col. Married widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH July 20 20 19 47 21 4 P. 18
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days I fless than one day	and that last saw h 112 alive on 112 2 18 4 7 Impediate/cause of death OURATION
61 41 17hrsmin.	Cercinona Latore, 132
9. Birthplace Catavelle Ca. (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business    12. Name   Coarcle	Dther conditions
13. Birthplace  14. Malden name. Mary To Record.  15. Birthplace	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of aperatians.  Date of op.
18. Informant Mrs. Janie Coard	Antopsy results
Address / Coerco Co. //CC.	22, YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Location Waterrile Ca.	Injured at home, farm_Industry, public place (where?)
Address Transcription McL,	Color X Stores In his
18 July 24 1847 & Me Py	23. SIGNATURED LEAVE M. Dorogen 24

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-43-15M

A15

PLEASE



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

# CERTIFICATE OF DEATH

05875 eg. Diat. No.

1. PLACE OF DEATH:	(For newborn infants give residence of mother)	
2	State had . County Caroline	1 0 01
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of death?	(If outside city or cown limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death desired.	Street No	
	2.(a) If veteran, name war	
How long in hospital or institution?	IIII TA PARINE CONTRACTOR OF THE PARINE CONTRA	
3. (a) FULL NAME M ary M. Cochra	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
7 W windowed	20. DATE OF DEATH LULY 25 19 4 7 21 6 3	M
6.(b) Name of husband or wife dacol S. C. Cockray	21. I CERTIFY that death occurred on the date above stated; that Taltended deceased from	/-
	felo 18 4 10 July 2 5 19 9	5
7. Birth date of deceased (mo., day, yr.) July 29, 1866	and that I last saw h	7
8. AGE: Years   Months Days   If less than one day	Immediate cause of death	-
80 (10 Z7min.		
h and Dala and	Jas Des Deve 1 ( Bree st 2 Ga)	
9. Birthplace (Town, eounty, and state)	Due to Children for the	*******
10. Usual occupation	Que to.	
11. Industry or business		******
12. Name William & Canally 13. Birthplace Delaware	Other conditions	
13. Birthplace Delawares		
14. Maiden name Martha C. Rathwell	(Include pregnancy within 3 months of death)	
14. Maiden name Martha C. Sthwell  15. Birthplace Delaware	Major findings of operations.	
The Para	Date of op.	
16. Informant Course	Autopsy results	
Address lanton, haryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial cremation or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
2 1010 to 1		
Cemetery or crematory	Where did injury occur?	
Location haldlelenn pelanare	Injured at home, farm, industry, public place (where?)	
18. Funeral director of . Virgil Insoration	Meane of injury Injured at work?	
Address De to Duamen	Acus on D. Ten-	
766 6 2000 9	23. SIGNATORS Y. L. C.	,
19	7/26/1	47
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 880

#### CERTIFICATE OF DEATH

05876

CERTITICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County Della County Dell	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Carolic  City or town (If gaterice city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME James Jenry Cort	////
8.(6) Name of husband or wife Blanche W. Corbin	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. LOERTIFY that death occurred on the date above stated: that attended deceased from  19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9 7	DURATION  DURATION  DURATION  DURATION  DURATION  DURATION
10. Usual occupation	Due to
12. Name	Other conditions
16. Interment Caroline Co. Walfare Board	Major findings of operatious
Address Denton, Maryland  17. Burial Cremation, or removal. Which?)  Cemetery or crematory. Denton Calculations	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Denton maryland  18. Funeral director V. Vergel more of For  Address Denton maryland	Injured at home, farm, Industry, public place (where?)  Meens of Injury  Injured at work?
19. 7/30 Shate rec'd by registrar) Shall Jessel	Address Date signed Date signed

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2411 N. Charles St., Baltimore

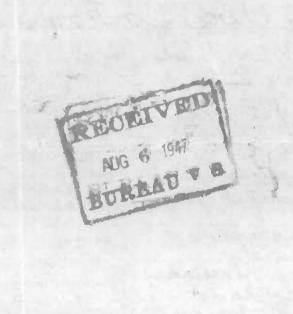
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05877

## CERTIFICATE OF DEATH

Reg. Dlat. No ...

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  City or town  City or town  Street No  Street No
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Sadie Virginia	Foreman 3. (b) Social Security Number
4. Sex 5. Color or raca S.(a) Single, married, widowed or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH LLLY 25 5 19 47, 21 455 A. N
6.(b) Name of husband or wifa	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 4
8. AGE: Years Months Days It lass than one day 8min.	lu nui miscaules OURATION
9. Birthplace	Oue to Cesseur deles Ci.
11. Industry or business  12. Name. Torress Sacrage  13. Birthplace Maryland	Other conditions
14. Maiden name. A linky Nocures  15. Birthplace Mary land	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
18. Interment flynes Horeman. Address Folelsboro Mal.	Autopsy results
17. Quitol Oate thereof (month) (day) (fear)  Cametery or cramatory ( Cametery or cramatory ( Cametery or cramatory ( Cametery or cramatory ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Location Regre Centerville, Md.	Where did injury occur? (City or town) (County) (State)  Injured al home, farm, industry, public place (where?)  Maena of injury holder of the county of the
18. Funeral director Raymond B. Rawlings Address Messlors Md.	Maena of Injury Injured at work?  23. SIGNATURE Seach No meen Seight of
18. 7/29 19 47 a C Smith (Date rec'd by registrar)  Registrar	Address Date signed 28



# CERTIFICATE OF DEATH

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Reg. Dist. No. 64

	The state of the s
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME South & Garrier	3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced  8. (b) Name of husband or wife 6. (c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  1	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  22. I CERTIFY that death occurred on the date above stated; that I attended deceased from  23. S., to
Address  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director  Address  19. July 14 19 47  Everett Juttle	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

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JUL 16 1947 BYRKAT: V &

### MARYLAND STATE DEPARTMENT OF HEA 85

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egg. person infants give residence of mother)
County	State Maryland County Caroline
Cily or town	1 m
How long in above place of death?  Hospital, institution, or street address where death occurred	(i) oftside city or town limits write RURAL and give nearest town)
	Street No. (If rural, and LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Jola Burt	Helber 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
J. Col Married	20. DATE OF DEATH. July 20 1 19 4 7, 21 10 50 A.M.
8.(b) Name of husband or wife. E. Lewood.	21. I CERTIFY that decity occurred on the date above stated; that t attended deceased from
S.(c) tt alive, give age	1947 10 /2/
7. Sirih date of deceased (mo., day, yr.) 100. 3, 1886	and that I last saw he alive on 199
8. AGE: Years   Months   Days   It less than one day	OF News alm 6/100
60 8 /8hrsmin.	Ep p f f f
9. Birthplace Mary del Carolene Ma.	Duo to Challeplicies Small 100 36Mo.
10. Usual occupation of Fousewife	I Son Hest. Colleber to the
t1. Industry or business	Duo to July 100 100 100 100 100 100 100 100 100 10
	Other conditions.
12. Name Robert Surt	(Include pregnancy within 8 months of death)
# 14. Maldon name Rebecta Bordley	
14. Maldon name Kalegga Bordley  15. Birthplaco Maryland	Major findings of operations
16. Informant & Levood J Libbs	Agtopsy results
Address Marudel Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
13 . 0 112.11.12	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removed. Which?)  Bate thereof (month) (day) (year)	Accident, suicido, or homicide
Cemetery or crematory	Where did injury occur?
Location Location / Lo	Injured at home, farm, industry, public place (where?)
18. Funeral director C. S. Cawellings	V/OoV
Address Trensloro Mac.	23. SIGNATURE A Selver
18. 7/22 1947 a CANILLA Registrar	Address Julfobors M Date signed 122 +)



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#### MARYLAND STATE DEPARTMENT OF HEALTH

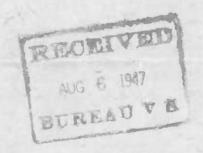
2411 N. Charles St., Baltimore

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U	2	0	0	U

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants gif residence of mother)
City or town O / Vancle Trains	State Mary Landouning Caroline
(If outside city or town limits, write RURAL and give nearest town)	City or town Denderson
How tong in above place of death?	(If thisids city or town limits, write RURAL and give nearest town)
V	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jula 6. XToo	clen
4. Sex 5. Color fr rape 6.(α) Single, married, widowed, or different	MEDICAL CERTIFICATION
J. White Married	20, DATE OF DEATH July 2-8 1947 at 6 A. M
6.(b) Hame of husband or wife. Theory	21. I CERTIFY that death occurred on the late above stated; that the ended deceased from
7. Birth date of C. C. C. If alive, give ege. 7. O. years	1937
7. Birth date of deceased (mo., day, yr.) Coperal 3 - 1882	and that I fast saw hold alive on 194
8. AGE: Years Months Days It less than one day	Immediate cause of death Outside Outsi
65 3 26min.	
9. Birthplace Willow Grove, Wel.	Due to Duspetito & Subleadores 15 42
to. Usual occupation Nousewife	Dus to
tt. Industry or business	UU TO
12. Name Hanson C. Looden 13. Birthpiace hole.	Other conditions
0 20	(Include pregnancy within 3 months of death)
E 14. Maiden name Surak Uoru	Major findings of operations
5 ts. Birthplace	Date of op.
16. Informant. The Lory do Stoodens	Autopsy results
Address Henderson VICA.	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burlai, cramation, or removal (Which?)	Accident, suicide, or homtelde
Cometery or cromotory A Treenstrono	Where did injury occur?
Location Freensloves, Md.	tnjured at home, farm, industry, public place (where?)
18. Funeral directors R. B. Rawlings	Meens of Injury Injured at work?
Mu. no.	1/Olalan
Address X Reens Voro	23. SIGNATULE M. D. or other
19. (Date, Fee'd by registrar) Registrar	Address John Male signed 30.



9-45-15M

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05881

Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	7 // / // // /
City or towa. (If outside city or town limits, write RURAL and give nearest town)	State March and County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Instilution, or stroet address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Valle 1. Harse	
4. Sex 5. Color or race 6.(a)Single married widowed, or divorced	MEDICAL CERTIFICATION
to to gridow	20. DATE OF DEATH July 7 1947 21 3 9 M
Ges Harsey (Dead)	21. I CERTIFY that death occurred to the date above stated; that attended decessed from
8.(0) Rems of husband of with	May 1943 to July 7 1947
7. Birth date of	
deceased (mo., day, yr.) Lines. 29 - 1866	and that I last saw h
8. AGE: Yeere   Months   Days   It less than one day	Immediais cause of death
80 /0 / shrsmin.	magne Mypeardely 29m
9. Birthplace (Town, county and state)	Due to Missing Branchetter 1540
tD. Usual occupation At asual	Tetrui Achiers 10G.
11, Industry or business	Due to.
E 12. Rame Toillean pour	Other conditions
13. Birthslace Market Roud	
K 7 OFF.	(Include pregnancy within 3 months of death)
E 14. Malden namelially will fill ushield	Major findings of aperations.
15. Birthplace Of Delograns	Dale of op.
5x.10. B. 12.	
16. Informant	Autopsy results
Address (R. Sreusbood, and.	
13.1.2 17-9-147	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Seems boro (englere	Where did injury occur?
Cemetery or crematory	Y
Location Clevestoro, healt fresh	Injured at home, farm, Industry, public place (where?)
O Hisail Tudos P	Meens at injury injured at work?
18. Funeral director	1. 1. 44
Address // Develped; Algo	Wellerson D Jeorge
119 119 1h. 60/4 200	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Sculau Date signed 7/9/47



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correct age

1. PLACE OF DEATH:

How long in above place of death

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

13. Birthpiace

14. Maiden na 15. Birthplace 14. Maiden name

Address

Cemetery or crematory

(Date Tec'd by registrar)

18. Funeral director

Address

(Burial, eremation, or remove). Which?)

8. AGE:

(If outside cit

Hospital, institution, or street address where death occurred:

Months

County.....

4. Sex

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

#### CEDTIFICATE OF DEATH

05882

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CERTIFICAT	Reg. Diat. No.
azoline	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear person infants give residence of mother) Slate
or town limits, write RURAL and give nearest town)	(If outside city or town limits, whe RURAL and give nearest town)
ess where death occurred:	Street No
	2.(a) If veteran, name war
tson Fredrick	Aurman 3. (b) Social Security Number
Rete   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH July 20 19 47, 21 11
Mary	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from
O. S. 2. 1874	and that I last saw bull Calive on 1990.
ths Days If less than one day Research	Immediate cause of death Justine DURATION
del Caroline, Md.	Due to Orgalise Nepth
I SLAD THE STATE OF THE STATE O	Due 10.
ge farman	Difher conditions
ster Moore	(Include pregnancy within 8 months of death)  Major findings of operations
Nel.	Date of op.
nas Jarman	Antopsy results
Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
ad Fellows	Where did injury occur?
July July Land	Injured at home, farm, Industry, public place (where?)
J. Kawlingo	Maans of injury Injured at work?
usboro, Mel.	23. SIGNATURE X & Silvin
19 47 Dollark 2 million	Address Evelo Oru Mate signed 2215

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. WITH UNF PLAINLY, V WRITE

PLEASE A15 SA

JUL 26 1907 BURRATI V M The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisespecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

# 05883

# CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH: 0.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State hands County Call
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death? 3 No	City or town
Hospital, institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rosie Les Jester	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W widowed	20. DATE DF DEATH 21 ///0/ 19 4/ 21 ///0/ 19
6.(8) Name of husband or wife Robert M. J. ester	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10
7. Birth date of \ 0 15 1071	and that I last aaw h
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death DURATION
7/ / / / / min.	aslusium read
+ D1	alsuare (1 gents
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Aousewife	Due to
11. Jodustry or business	Due to
	Dther conditions.
12. Name UNKnow Wheeler  13. Birthplaca Delaware	DIREC CONDITIONA.
	(Include pregnancy within 3 months of death)
14. Maiden name Jeangra Druitt  15. Birthplace Delaware	Major findings of operations.
E 15. Birthplace ) le la mare	Date of op.
16 Informant Mrs. Kalplu Dill	Autopsy results
Address Dentow, maryland	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
Address 1 2 27 19114	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cramatory	Where did injury occur?
Location Denton marsland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. J. Virgil Masker Low	Msans of Injury Injured at work?
Address Denton, manyland	and Mitts will
18. 7/23 147 made Jeans	23. SIGNATURE M. D. of other M. D. of other M. D. of other
(Date rec'd by registrar)	Address Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05884

Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn, infants give residence of mother)
County (Burrsville) Deulon R	State Delaware County Carthur
City or town	Dayle Russ
How long in above place of death?	
nospinal and the transfer and the transf	Street No. Mean Tunk willing (If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME John Engles Pal	mer 3. (b) Social Security Number
4. Sex 5. Folor or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
male white married	20, DATE DE DEATH, Filly 3 19.47 at 8:15 Pm
6.(b) Name of human wife Margaret N. Galme	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyea	ars 6-22-19-47, to 7-3-19-47.
7. Birth date of deceased (mo., day, yr.) Tels-9-1879.	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION 24 Marsh
68 4 24 mins	in.
9. Birtholace, Chester, Gennsylvania	Due to Seneral William 1040
(Town, county, per state)	
10. Usual occupation Aldered Dalland Comple	Due to.
11. Industry or business	/_
# 12. Hame. I tauf D. Jalyser	Other conditions
\$ 13. Birthplace Cheslin. Faj.	(Include pregnancy within 8 months of death)
14. Malden name at assis & Heukson	
14. Malden name a languie & Heiskann 15. Birthplace Chesler, Pa.	Major findings of operations
16. Informant Mrs. Margaret H. Palmer	Autopsy results.
0 1-0 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Denton Marylan L	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremetica, or remogni, Whish)  Date thereof, (month) (day) (year)	Accident, suicide, or homicide
Cometery or exematory The glangton Demeleri	Where did injury occur?
an all the enough	tnjured at home, farm, Industry, public place (where?)
mr. In a Barbart	Means of Injury Injured at work?
18. Funeral director	1 1/1/1/10
Address Harrington, Delawa	23. SIGNATURE SUPPLE SUPPLE SUPPLE
19. 2/4 1947 7 max 6 Jeorge	M. D. or other
19. (Date rec'd by registrar)	ar   Address Date signed 3/47



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUBAL and give nearest town)	State Tharyland county Caroline
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institutioe, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
	1
3. (a) FULL NAME	3. (b) Social Security Number
Sprid lenny to alog	oss felny
4. Sex   5. Color of race   6.(a)Single/married, widowed, or divorced	MEDICAL CERTIFICATION
male W	01 -
1 Trance   Co	20. DATE OF DEATH JULY 19. 4. T. 21. 6.30 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	July 5 1947, 10 July 7 1947
7. Birth date of years	and that I last saw h.1.221 alive on July 5 18.47
deceased (mo., day, yr.) July 5, 1947	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
dhrsmin.	Tremature Infant
9. Birthplace I reenst the Caroline Co., MS.	Due to
1D. Usuat occupation. Infant	***************************************
	Due to
11. industry or business	
12. Name / CM Cost	Other conditions
13. Birtholace Bridgelown md.	
m maile C. Lariage Tatt	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
15. Birthplace Milford, Delaware	Date of op.
711.001.	
16. Informant College	Antopsy results
Address Rensero, Mc.	
1011 Dial 1011 7/7/47	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or cremajory (Cellaely	Where did injury occur?
Will Did trad	
Location Location	injured at home, farm, industry, public place (where?)
18. Funeral director R. 1/3/1/Cawlingo	Means of injury Injured at work?
CATAGO A COMPANION TO A	4 1114
Address X / Clerco To Mac.	23, SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Vieles 7 117 Cm. D.	M. D. or other
(Date rec'd/m registrar)	Address Date signed 7/2/17



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

05886

CERTIFICAT	E OF DEATH Reg. Diat. No. 62
County  City or towa (If outside elty or town.limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name warr
3. (a) FULL NAME Katie Hunt Stone	3. (b) Social Security Number
4. Sex 7 5. Color or race 6.(a) Single, married, widowed, or divorced wild wild will be seen a second or wife. Stories	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Self 1 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4
7. Sirth date of deceased (mo., day. yr.)  8. AGE: Years Months Days If less than one day  7. Sirth date of deceased (mo., day. yr.)  7. Sirth date of deceased (mo., day. yr.)  7. Sirth date of deceased (mo., day. yr.)  8. AGE: Years Months Days If less than one day  7. Sirth date of deceased (mo., day. yr.)  8. AGE: Months Days If less than one day  7. Sirth date of deceased (mo., day. yr.)	and that I last saw h 27 alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birtholase Baltimore Baltimore Co., kid.  (Town, county, and state)  10. Usual occupation 200	Due to Chelral Hemintiage 5 dys
11. lodustry or business  12. Name Sucher S. Just S. 13. Birthplace	Other condition Status Jolenson 1692
14. Maiden name // atliarane / Solumo 15. Birthpiace Occarioc, Va.  16. Informant Do. Edw. D. Store, Jr.	Majur fiudiags of operations.  Date of op.
Address# 10 Englewood Rol., Balti Mid.  17. Burkel Bate thereof Mule 1947 (Burial, eremation, or removal Which?)  Complete or crematory Order Park	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Bulterine and.  18. Funerel director Dance Burgee	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address 3621 Fall Rd. Balti, Dr. J.  19. 14 1947 Mad Jacob Registrar Registrar	23. SIGNATURE DUNCON CONTROL MAD. or other Address Date signed 1447.



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SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05887

1. PLACE OF DEATH: ( 2. USUAL RESIDENCE (HOME) OF DECEASED:	
County (For pewborn infanta give residence of mother)	•
City or fown	w
How long in above place of dealth	town)
Street No. (If rural, give LOCATION)	
How long in hospital or institution?	•••••
3. (a) FULL NAME Emmas Virginia Walls 3. (b) Social Security Nur	ber
4. Sex J. S. Color or rece 6.(a) Single, married, wildowed of divorced MEDICAL CERTIFICATION  White Wildowed of divorced 20, DATE DE DEATH. July 16 19 47 21	(O)A
8. (b) Name of husband or wife. Walters Wallers 2005 21. I CERTIFY that death occurred on the date above stated: that I attended deceased	
6.5(c) If alive, give age years fur 19.40, to find the	19
1. Birth date of and the vir. (119 11 22 22 22 22 22 22 22 22 22 22 22 22	19
8. AGE: Years   Months   Days   If less than one day   Immediate cause of death   Best   Best	DURATION
9. Birthplace Queen arines md. Due to Deally Prokell Quel I	• • • • • • • • • • • • • • • • • • • •
10. Veuzl occupation Wocuseurfo	
11. Industry or buelpess	
12. Name Cichard Werkant Other conditions from M. Frewifely  13. Birthplace Maryland a gelind Solinosis	
14. Malden name 6 Lenor Ounsbart    Major fieldings of operations   Major fieldings of operations   Date of on	
15. Birthplace // Cary Card	
16. Informant Actopsy results	tically.
Address (Markelles / CCC) 22. VIOLENCE: If death was due to external causes, fill in the following:	
17   Oliver   Date thereof   Date thereof   Church   Accident, suicide, or homicide   Date of	
Where did Injury occur?	ate)
Location Jesus Cerilles Mcl. Injured at home, farm, Industry, public place (where?)	
18. Funeral director of Carmana B. Rawling Meens of injury Injured at work?	
Address X/Reepistoro, Md. / @MILIONE	
18. 7 18 19 # 7 acsmeth 23. SIDHATURE SIGNATURE M. D. or of Control of Date registrar Address Lufter Ville Tout Date signed 7.	her 1014

